

Opioid Overdose:

A DIY Guide to Saving a Life



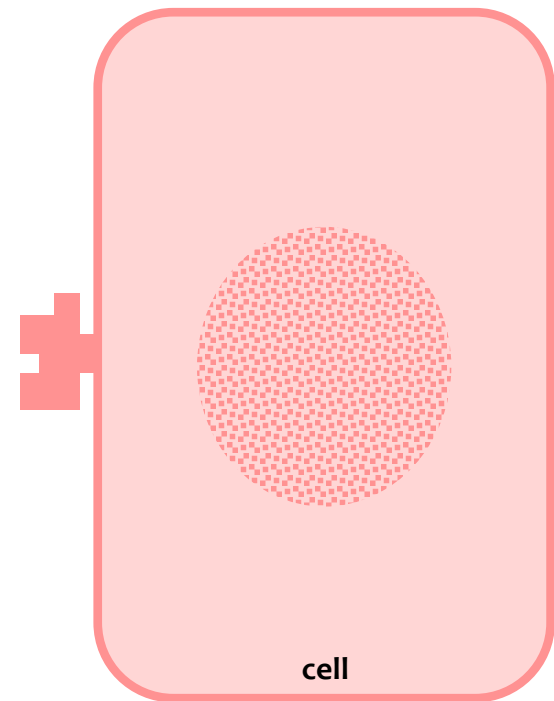
What are Opioids?

Inhibit pain pathways

Examples

- Morphine (Avinza, MS Contin, Kadian)
- Codeine
- Hydrocodone (Vicodin, Lortab, Norco)
- Oxycodone (OxyContin, Percocet, Endocet, Roxicodone)
- Methadone (Methadose, Diskets, Dolophine)
- Fentanyl (Duragesic, Fentora, Actiq)

Naloxone: How it works



Can we really make a difference?

- * Most people will relapse within their first year of sobriety ¹
- * Overdose is even more likely among those in early recovery or who have recently completed detox program due to their drastically reduced tolerance
- * WHO study found that roughly 1 in 5 naloxone emergency kits that were dispensed to public were in fact used to reverse an overdose ²

1. Dennis ML, Foss MA, Scott CK, et al. An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Eval Rev* December 2007 3 : 585-612
2. http://www.who.int/substance_abuse/information-sheet/en

How to Recognize an Overdose

Intoxicated	Overdose
Relaxed muscles	Body is very limp
Slowed/slurred speech	Unable to respond
Sleepy looking	Making unfamiliar sounds while “sleeping”; choking, gurgling, snoring
Responsive to shaking, yelling, sternal rub	Unresponsive to shaking, yelling, sternal rub
Normal heart beat/pulse	Heart beat/pulse is slow, erratic or not there at all
Normal skin tone	Pale, clammy skin, blue lips/fingers
Still breathing	Breathing is slow, irregular or has stopped

Sternal Rub Technique

- * A type of central painful stimulus used to determine the type of response to pain
- * The technique includes rubbing the knuckles of a closed fist vigorously on a patient's sternum
- * A response of reaching up and removing the painful stimulus correlates with higher level of brain function
- * If there is no response, the level of brain function is poor



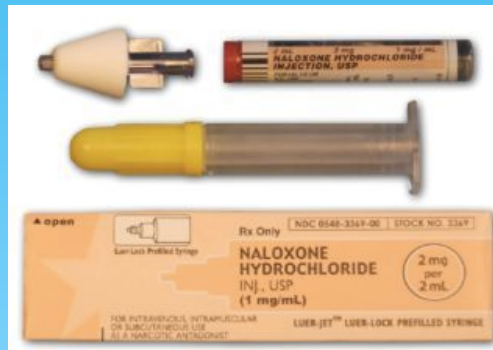
<https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/Naloxone-Training-Protocol.aspx>

Mistovich, Joseph J., William S. Krost, and Daniel Limmer. "Beyond the Basics: Interpreting Altered Mental Status Assessment Findings." EMSWorld.com. EMSWorld, 1 Aug. 2008. Web. 07 Jan. 2016.

Overdose Intervention Steps

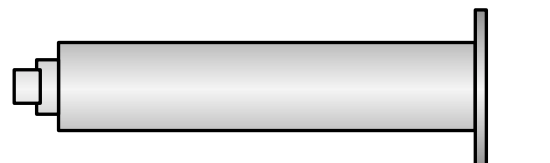
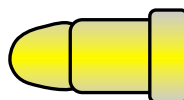
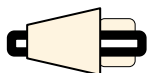
1. Call 911
2. Administer a few rescue breaths if victim is not breathing
3. Administer naloxone
4. Continue rescue breathing until victim resumes breathing or help arrives
5. Administer second dose of naloxone if victim is still unconscious after 3 minutes following initial dose
6. Place victim in “recovery position” once breathing is restored

Nasal Naloxone Administration

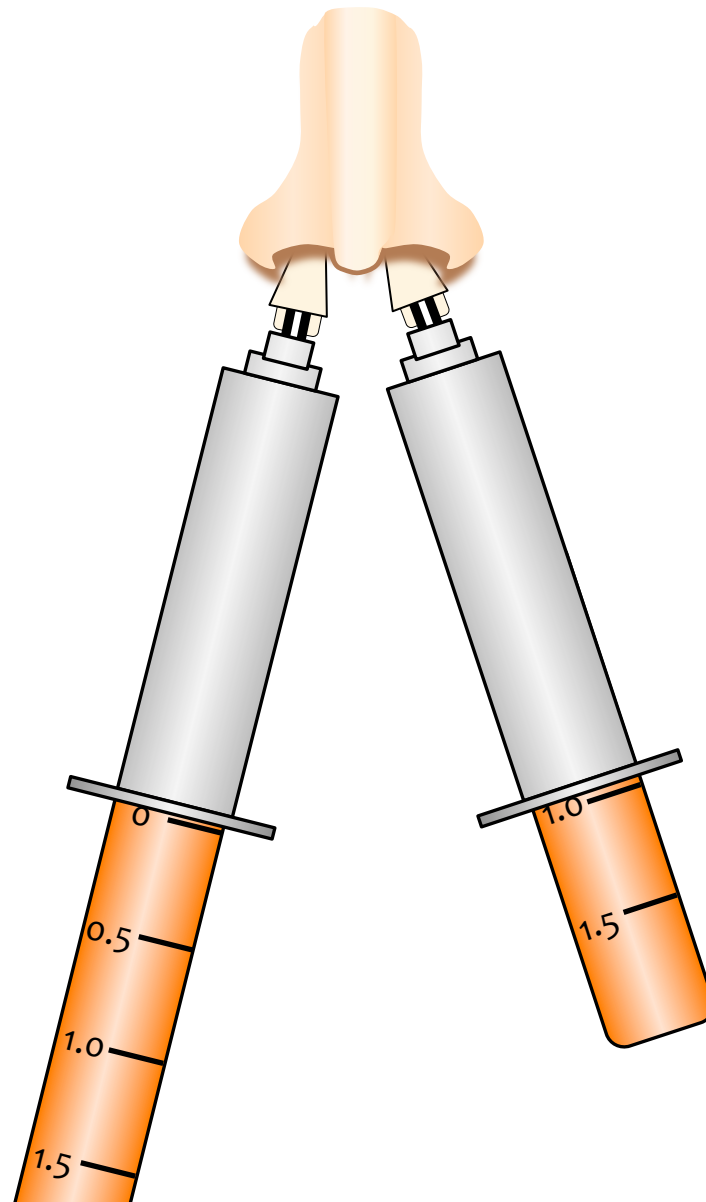


Product Assembly

1. Remove yellow caps from each end of syringe.
2. Remove red/purple cap from end of ampule.
3. Screw nasal atomizer into Luer Lock tip of syringe.
4. Gently screw ampule into barrel of syringe.



INTRANASAL ADMINISTRATION OF NALOXONE



Rescue Breathing Technique

Perform rescue breathing

For a person who is *not breathing*, rescue breathing is an important step in preventing an overdose death. When someone has stopped breathing and is unresponsive, rescue breathing should be done as soon as possible because it is the quickest way to get oxygen into the body. Steps for rescue breathing are:

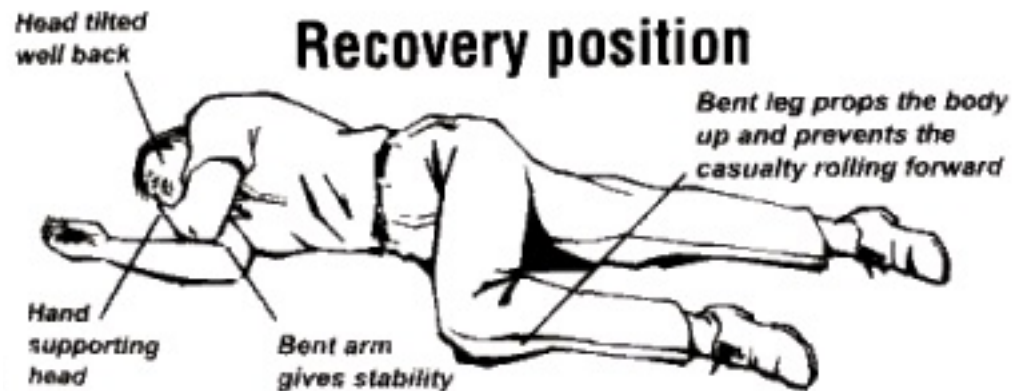
1. Place the person on his or her back and pinch their nose
2. Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
3. Give 2 slow breaths.
4. Blow enough air into the lungs to make the chest rise.
5. Turn your head after each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
6. Breathe again every 5 seconds.



RESCUE BREATHING

The Recovery Position

- * For the victim who is breathing on his or her own, or once breathing has been restored
- * Minimizes risk of aspiration



<http://hikeandsurvive.com/wp-content/uploads/2013/04/recovery-position.jpg>

Naloxone Formulations

Nasal



+



Intramuscular



+



or

+



Other Options



www.evzio.com

Considerations:

- * Auto-injector → easier administration
- * No assembly required
- * Compact → easy storage
- * Requires a prescription
- * Brand name only → \$\$

Coming Soon!

Narcan® Brand Nasal Spray



Advantages:

- No assembly required
- More concentrated liquid (much less required)
- Very easy to use

Potential Challenges:

- Timeline/availability
- Formulary coverage

Overdose Intervention Steps Simulation

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Naloxone Effects: What to Expect

- * **Precipitated withdrawal** in those who are physically opiate-dependent
- * Consists of typical, non-life-threatening opiate withdrawal symptoms
- * Naloxone only lasts 30-45 minutes and withdrawal symptoms typically dissipate completely by 90 minutes
- * Make sure patient is aware that precipitated withdrawal is short-lasting
- * Depending on the type and quantity of opiate ingested, patient may still be at risk for overdose once naloxone wears off

Naloxone: How and Where to Get it

1. **Go to the right pharmacy – call ahead**
 - Ask to speak with the pharmacist
 - Do they have naloxone?
 - Can they bill insurance?
 - Ask for their name, go in and ask to speak with that person directly
2. **Make sure they have the correct formulation (prefilled syringe or “orange box”)**
3. **Make sure they provide ALL necessary components***
4. **Ask them to bill insurance**